



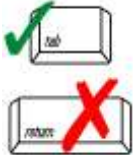
Massachusetts Department of Environmental Protection
Bureau of Waste Prevention - Air Quality
Emissions Notification
50% or 25% Facility Emission Cap

Facility ID# (if known)

AQ ID# (if known)

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Physical Address:

Company/Facility Name

Street Address

City/Town

State

ZIP Code

2. Mailing Address (if different from above):

Street/P.O. Box

City/Town

State

ZIP Code

3. Contact Person:

Name

Title

Telephone Number

Email Address

B. Notification Statement

1. "I hereby notify MassDEP that this facility will operate in accordance with the general requirements of 310 CMR 7.02(11) and under the facility wide emission cap (check one):

☐ 50% Cap: 310 CMR 7.02 (11)(e)

☐ 25% Cap: 310 CMR 7.02 (11)(f)

in lieu of restricted emission status or operating permit approval or other facility-wide cap where applicable."

Maximum Regulatory Limits for a 50% Cap

Particulate Matter: 50 Tons

SOx: 50 Tons

VOC: 25 Tons

NOx: 25 Tons

CO: 50 Tons

Individual HAP: 5 Tons

Total HAPs: 12.5 Tons

Maximum Regulatory Limits for a 25% Cap

Particulate Matter: 25 Tons

SOx: 25 Tons

VOC: 15 Tons

NOx: 15 Tons

CO: 25 Tons

Individual HAP: 2.5 Tons

Total HAPs: 6.25 Tons



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B. Notification Statement (continued)

2. Does your facility already operate with an emissions cap?

☐ Yes – Provide Details Below: ☐ No – Skip to 3

☐ Restricted Emission Status (RES) Approval:

Transaction Number

Date Issued (MM/DD/YYYY)

☐ MassDEP Operating Permit:

Transaction Number

Date Issued

☐ 25% Cap Approval:

Transaction Number

Date Issued

☐ 50% Cap Approval:

Transaction Number

Date Issued

☐ Other Facility-Wide Cap Approval:

Transaction Number

Date Issued

Specify Current Emission Caps:

Particulate Matter:

Tons

SOx:

Tons

VOC:

Tons

NOx:

Tons

CO:

Tons

Individual HAP:

Tons

Total HAPs:

Tons

3. Facility-Wide Emissions Summary - Provide Actual Emissions for Last Calendar Year: 20

Particulate Matter:

Tons

SOx:

Tons

VOC:

Tons

NOx:

Tons

CO:

Tons

Individual HAP:

Tons

Total HAPs:

Tons



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C. Certification

"I certify that I have personally examined the foregoing and am familiar with the information contained in this document and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

Authorized Signature

Printed Name

Title

Date Signed (MM/DD/YYYY)

Source of Signatory Authority:

If a Corporation:

☐ President

☐ Secretary

☐ Treasurer

☐ Vice President

☐ Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

☐ General Partner

If a Sole Proprietorship:

☐ Proprietor

MassDEP Use Only

Date Received (MM/DD/YYYY)

MassDEP Signature/Initials

Facility-Wide Emissions Cap

Date Approved (MM/DD/YYYY)

MassDEP Signature/Initials

☐ 25%

☐ 50%